

2004 Appendix A: Technical Notes

Births and Deaths

APPENDIX A: TECHNICAL NOTES

Vital Statistics Registration in Utah

Centralized vital statistics registration for the State of Utah was first established by act of the Utah Legislature in 1905. Sections 26-2-1 through 26-2-28, Utah Code Annotated, 1953 as amended, provide the current statutory authority¹.

Section 26-2-3

(1) The department shall:

- (a) provide offices properly equipped for the preservation of vital records made or received under this chapter;
- (b) establish a statewide vital records system for the registration, collection, preservation, amendment, and certification of vital records and other similar documents required by this chapter and activities related to them, including the tabulation, analysis, and publication of vital statistics;
- (c) prescribe forms for certificates, certification, reports, and other documents and records necessary to establish and maintain a statewide system of vital records;
- (d) prepare an annual compilation, analysis, and publication of statistics derived from vital records; and
- (e) appoint a state registrar to direct the statewide system of vital records.

(2) The department may:

- (a) divide the state from time to time into registration districts; and
- (b) appoint local registrars for registration districts who under the direction and supervision of the state registrar shall perform all duties required by them by this chapter and department rules.

Under Utah's statutes, full-time health officers of local health departments become ex officio local registrars and are responsible for the registration of certificates for all births and deaths that occur within their respective jurisdictions. Figure A-1 is a list of local health departments, registrars and deputy registrars. Each of the twelve local health departments reside over a local health district.

The local health districts (also referred to as "districts" in this report) and respective counties are Bear River (Box Elder, Cache and Rich), Central Utah (Juab, Millard, Piute, Sanpete, Sevier and Wayne), Davis, Salt Lake, Southeastern (Carbon, Emery, Grand and San Juan), Southwest (Beaver, Garfield, Iron, Kane and Washington), Summit, Tooele, TriCounty (Daggett, Duchesne, and Uintah), Utah, Wasatch, and Weber-Morgan (Morgan and Weber). Figure A-2 is a Utah map which shows the county boundaries.

Source of Data

Vital statistics certificates filed with the state Office of Vital Records and Statistics are the primary source of data presented within this report. These records include certificates of live birth, death and fetal death. Source data of official population estimates for the state are provided by the Governor's Office of Planning and Budget.

Forms for Certificates

Utah's certificates of live birth, death and fetal death are revised periodically to include items on the recommended national "Standard Certificates," with modifications and additions to meet particular needs in Utah. Figures A-3 through A-6 are forms that contain the current data collected for each live birth, death and fetal death record.

Quality and Limitations of Data

Limitations of the data must be recognized before valid interpretation is possible. For vital statistics data, these limitations are related to the difficulties in reporting and classifying information and to some under-registration of events. It is necessary to exercise particular caution when evaluating vital statistics trend data, since medical concepts, code definitions and method of assigning causes of death have changed over the years. There was a major change in the death coding system for data year 1999 when ICD-10 was implemented.

Figure A-1

**Local Health Districts, Registrars and Deputy Registrars
September 2005**

Bear River District
655 East 1300 North
Logan, Utah 84341

Registrar: Lloyd C. Berentzen
Deputy Registrar: Leslie Olson

Central Utah District
70 Westview Drive
Richfield, Utah 84701

Registrar: Robert Resendes
Deputy Registrar: Dixie Sorensen

Davis County
50 East State Street
P. O. Box 618
Farmington, Utah 84025-0618

Registrar: Lewis R. Garrett
Deputy Registrar: Karla Smith

Salt Lake Valley Health Dept.
610 South 200 East
Salt Lake City, Utah 84111

Shipp Clinic
4535 S 5600 W

Registrar: Gary Edwards
Deputy Registrar: Ellen Freeman

Southeast Utah District
28 South 100 East
P.O. Box 800
Price, Utah 84501

Registrar: David Cunningham
Deputy Registrar: Jeanne Thompson

Southwest Utah Public Health
168 North 100 East
St. George, Utah 84770

Registrar: Pat Thomas
Deputy Registrar: Sandra Stubblefield

Summit County Public Health
85 North 50 East
P.O. Box 128
Coalville, Utah 84017

Registrar: Steve Jenkins
Deputy Registrar: RaNae Crittenden

Tooele County
151 North Main
Tooele, Utah 84074

Registrar: Myron Bateman
Deputy Registrar: Nikki Scow

TriCounty District
147 East Main
Vernal, Utah 84078

Registrar: Joseph B. Shaffer
Deputy Registrar: Crystal Slaugh

Utah County
151 South University Avenue
Provo, Utah 84601

Registrar: Joseph K. Miner
Deputy Registrar: Ruth Nelson

Wasatch City/County
55 South 500 East
Heber City, Utah 84032-1918

Registrar: Phil D. Wright
Deputy Registrar: Janet Norton

Weber-Morgan District
477 23rd Street
Ogden, Utah 84401

Registrar: Gary House
Deputy Registrar: Lynette Satterfield

MAP OF UTAH WITH COUNTY BORDERS



Figure A-3

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH		LOCAL FILE NUMBER	FIRST	MIDDLE	LAST	STATE BIRTH NUMBER
CHILD Access to the information on this form is limited by the Utah Vital Statistics Act and Rule	1. CHILD'S NAME	2. SEX	3a. DATE OF BIRTH (Month, Day, Year)	3b. TIME OF BIRTH (24 Hour Clock)		
	4a. PLACE OF BIRTH <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center		4b. PLACE OF BIRTH - HOSPITAL NAME (if not in hospital, give street and number)	4c. CITY, TOWN, OR LOCATION OF BIRTH	4d. COUNTY OF BIRTH	
HOSPITAL CERTIFIER	5a. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. Signature	5b. DATE SIGNED (Month, Day, Year)				
	5c. CERTIFIER'S NAME & TITLE Signature	5d. DATE SIGNED (Month, Day, Year)				
MEDICAL ATTENDANT	6a. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. Signature	6b. DATE SIGNED (Month, Day, Year)				
	6c. ATTENDANT'S NAME AND TITLE (MD, DO, CERTIFIED NURSE MIDWIFE, OTHER MIDWIFE, OTHER) Signature	6d. DATE SIGNED (Month, Day, Year)				
MOTHER	7a. MOTHER'S NAME FIRST MIDDLE LAST	7b. MAIDEN LAST NAME				
	8. DATE OF BIRTH (Month, Day, Year)	8a. STATE OF BIRTH (if not in USA, name country)				
FATHER	10a. RESIDENCE - STREET AND NUMBER OF RESIDENCE	10b. CITY, TOWN, OR LOCATION	10c. STATE	10d. COUNTY	10e. ZIP CODE	
	11a. MOTHER'S MAILING ADDRESS (if same as above, enter zip code only)	11b. CITY OR TOWN	11c. STATE	11d. ZIP CODE		
SIGNATURE	12. FATHER'S NAME FIRST MIDDLE LAST	13. DATE OF BIRTH (Month, Day, Year)				
	15a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant)	15b. DATE RECEIVED				
REGISTRAR	16a. REGISTRAR'S SIGNATURE	16b. DATE RECEIVED				

Figure A-4

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY (UCA 26-2 AND 26-25)

COMPLETION INSTRUCTIONS

It is the responsibility of the attendant to complete all of the following items.

17a. MOTHER'S NAME (First, Middle, Last)	17b. SOCIAL SECURITY NUMBER	30. DATE OF LAST NORMAL MENSES (Month, Day, Year)	38. BIRTH WEIGHT (grams)	51. CONGENITAL ANOMALIES OF CHILD (Check all that apply)
18a. FATHER'S NAME (First, Middle, Last)	18b. SOCIAL SECURITY NUMBER	31. MONTH OF PREGNANCY CARE BEGAN 1ST, 2ND, 3RD, ETC.	39. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC.	<input type="checkbox"/> 1 Anencephalus <input type="checkbox"/> 2 Spina Bifida/Meningocele <input type="checkbox"/> 3 Hydrocephalus <input type="checkbox"/> 4 Microcephalus <input type="checkbox"/> 5 Other central nervous system (specify) _____ <input type="checkbox"/> 6 Heart malformations (specify) _____ <input type="checkbox"/> 7 Other circulatory anomalies (specify) _____ <input type="checkbox"/> 8 Respiratory anomalies (specify) _____ <input type="checkbox"/> 9 Rectal atresia <input type="checkbox"/> 10 Tracheo-esophageal fistula/esophageal atresia <input type="checkbox"/> 11 Omphalocele/Gastroschisis <input type="checkbox"/> 12 Other gastrointestinal (specify) _____ <input type="checkbox"/> 13 Malformed genitalia <input type="checkbox"/> 14 Renal agenesis <input type="checkbox"/> 15 Other urogenital anomalies (specify) _____ <input type="checkbox"/> 16 Cleft lip/palate <input type="checkbox"/> 17 Polydactyl/Syndactyl/Adactyl <input type="checkbox"/> 18 Club foot <input type="checkbox"/> 19 Diaphragmatic hernia <input type="checkbox"/> 20 Other musculoskeletal/integumental anomalies (specify) _____ <input type="checkbox"/> 21 Down's syndrome <input type="checkbox"/> 22 Other chromosomal anomalies (specify) _____ <input type="checkbox"/> 23 Multiple anomalies <input type="checkbox"/> 24 Other (specify) _____ <input type="checkbox"/> 25 Unknown
19. Has a relative of the baby had a hearing loss that existed since childhood? (Permanent, Hereditary loss)	20. MOTHER OF HISPANIC ORIGIN?	32. NO. OF PRE-NATAL VISITS	40. IF NOT SINGLE, BIRTH BORN 1ST, 2ND, 3RD	46. IS INFANT DECEASED?
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Figure A-5

Access to information on this form is limited under the Vital Statistics Act and Rules.

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT FIRST MIDDLE LAST			2. SEX		3a. DATE OF DEATH (Mo., Day, Yr.)		3b. TIME OF DEATH (24 hr. clock)								
	4. DATE OF BIRTH (Mo., Day, Yr.)		5. AGE- Last Birthday		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes		6. BIRTHPLACE (City & State or Foreign Country)		7. SOCIAL SECURITY NUMBER					
	8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		HOSPITAL (status codes for Hospital only): ALL OTHER LOCATIONS: <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any) <input type="checkbox"/> 7. Other (specify) _____				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)									
	8c. CITY, TOWN, OR LOCATION OF DEATH				8d. COUNTY OF DEATH				9. SURVIVING SPOUSE (if wife, give maiden name)							
	10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)				12b. KIND OF BUSINESS OR INDUSTRY							
	13a. RESIDENCE - STREET AND NUMBER						13b. CITY, TOWN OR COMMUNITY		13c. COUNTY		13d. STATE					
	13e. INSIDE CITY LIMITS? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify) _____				15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify)		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)					
	17. FATHER'S NAME (First, Middle, Last)						18. MAIDEN NAME OF MOTHER (First, Middle, Last)									
	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT															
	DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal				21a. DATE OF DISPOSITION		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)		21c. LOCATION - City or Town, State						
22. SIGNATURE OF FUNERAL SERVICE LICENSEE				23. LICENSEE NUMBER		24. FUNERAL HOME (Name and address)										
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN				26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____												
CERTIFIER	27a. CERTIFIER <input type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.				27b. SIGNATURE AND TITLE OF CERTIFIER				27c. LICENSE NUMBER		27d. DATE SIGNED (Month, Day, Year)					
	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print)															
	29. REGISTRAR'S SIGNATURE				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)				30b. DATE FILED (Mo., Day, Yr.)							
CAUSE OF DEATH	31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease of injury that initiated events resulting in death) LAST										Approximate Interval Between Onset and Death.					
	PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I										32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
	34. MANNER OF DEATH <input type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation If injured Purposely or Accidentally		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)							
			35e. LOCATION (Street or rural route number, city or town, county and state.)						35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.							
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)																

UDH-BVR
Form 12,
Rev. 12/98

Figure A-6

The medical and Health information on this form is Confidential under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH FETAL DEATH CERTIFICATE

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF FETUS FIRST MIDDLE LAST		2. SEX	3a. DATE OF DELIVERY (Mo. Day, Yr)
4. PLACE OF DELIVERY - HOSPITAL NAME (If not in hospital, give street & address)		3b. TIME OF DELIVERY (24 hr. clock)	
5. CITY, TOWN OR LOCATION OF DELIVERY		6. COUNTY OF DELIVERY	
7a. MOTHER'S NAME (First, Middle, Last)		7b. MAIDEN LAST NAME	8. MOTHER'S DATE OF BIRTH (Month, Day, Year)
9a. RESIDENCE-STATE		9b. COUNTY	9c. CITY, COUNTY, OR LOCATION
9d. STREET AND NUMBER			
9e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		9f. ZIP CODE	10. FATHER'S NAME (First, Middle, Last)
11. FATHER'S DATE OF BIRTH (Month, Day, Year)			
12. OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. RACE - American Indian (Tribe may be entered), Black, White, Japanese, etc. (Specify)	14a. MOTHER OCCUPATION WORKED LAST YEAR
14b. FATHER			
12a. Mother: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes indicate <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic (Specify)		12b. Father: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes indicate <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic (Specify)	14c. MOTHER KIND OF INDUSTRY OR BUSINESS
14d. FATHER			
13b. FATHER		EDUCATION (Specify only highest grade completed) Elementary or Secondary (0 through 12) or College (13 through 16 or 17+)	
15a. MOTHER		15b. FATHER	
16. PREGNANCY HISTORY (Complete each section)		17. MOTHER MARRIED? (At delivery, conception or any time between) (Yes or No)	
18. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)			
LIVE BIRTHS		19. MONTH OF PREGNANCY-PRE-NATAL CARE BEGAN-First, Second, Third, etc. (Specify)	
20. PRE-NATAL VISITS Total number (if none, so state)			
16a. Now Living Number		21. WEIGHT OF FETUS (Pounds)	
16b. Now Dead Number		22. CLINICAL ESTIMATE OF GESTATION (Weeks)	
16c. DATE OF LAST LIVE BIRTH (Month, Year)		23a. PLURALITY-Single, Twin, Triplet, etc. (Specify)	
16d. (Do not include this fetus) Number		23b. IF NOT SINGLE BIRTH-Born First, Second, Third, etc. (Specify)	
16e. DATE OF LAST OTHER TERMINATION (Month, Year)			
24. PART I. Fetal or maternal condition directly causing fetal death.		IMMEDIATE CAUSE Enter only one cause per line for a, b, and c.	
a. DUE TO (OR AS A CONSEQUENCE OF):		Specify Fetal or Maternal	
b. DUE TO (OR AS A CONSEQUENCE OF):		Specify Fetal or Maternal	
c. DUE TO (OR AS A CONSEQUENCE OF):		Specify Fetal or Maternal	
Fetal and/or maternal conditions, if any, giving rise to the immediate cause(s), stating the underlying cause last.			
PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.		25. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)	
26a. I CERTIFY that the fetus identified above was delivered at the place and time and on the date stated above and did not show evidence of life, and to the best of my knowledge died from the cause stated.		26b. ATTENDANT - Name, Title, DO, DO Certified Nurse Midwife, Other Midwife or Other Person) AND LICENSE NO. (Type or print)	
27. NAME AND LOCATION OF INSTITUTION IN CHARGE OF DISPOSITION (Hospital, Laboratory, Funeral Home)		28. PERSON RESPONSIBLE FOR DISPOSITION	
29. PLACE OF DISPOSITION (Hospital, Cemetery)		30. DATE OF DISPOSITION (Mo., Day, Yr.)	
31. REGISTRAR'S SIGNATURE		32. DATE filed by registrar (Mo., Day, Yr.)	
33a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)		34. ANTEPARTUM PROCEDURES DURING THIS PREGNANCY (Check all that apply)	
35. METHOD OF DELIVERY (Check all that apply)		36. CONGENITAL ANOMALIES OF FETUS (Check all that apply)	
37. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)			
38. OTHER RISK FACTORS FOR THIS PREGNANCY			
Tobacco use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>			
Average number of cigarettes per day			
Alcohol use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>			
Average number of drinks per week			
Mother's height feet inches			
Mother's pre-pregnancy weight lbs.			
Mother's weight gain during pregnancy lbs.			

UDH-BVRHS-FORM 10 2/97

ORDER DATE 2/97

Registration of Births and Fetal Deaths

The completeness of registration for births was last tested at the state level in conjunction with the 1950 U.S. Census of the Population and was found to be 98.7 percent complete at that time. At the present time, more than 99 percent of all Utah's resident births occur in hospitals. This fact, coupled with information from sample studies, indicates that the completeness of birth certificate registration now exceeds 99 percent.

The registration of fetal deaths at 20 weeks or more gestation is required by statute. Since May 1981, the institution where the delivery occurs has the responsibility for filing a fetal death certificate if the delivery results in a fetal death. Fetal death certificates are to be registered by the fifth day after the delivery and before disposition of the remains.

Most deliveries (99%) occur in hospitals and women who miscarry unexpectedly at 20 weeks or more are usually taken to a hospital if they are not already there. Funeral directors are responsible for checking that a fetal death certificate has been filed for all such dispositions they handle.

Limitation of Small Numbers

All statistics are subject to chance variation. Such random variation in a large number of events has little effect on the data for the group; however, random variation in a small number of events may result in a startling change in the data for the group. For example, minor differences in the number of births or deaths in small populations or in the number of deaths from uncommon causes may result in large changes in these rates. Rates for areas of small population or for events with few occurrences should be interpreted with this limitation in mind.

Cause of Death

Cause of death statistics are derived from the medical certification information required by law to be reported on the death or fetal death certificate by the attending physician or medical examiner. The medical certification item on certificates of death and fetal death has a provision for reporting three causes of death--immediate, intervening, and underlying, plus additional information related to the cause of death.

The cause of death selected for coding and tabulating mortality statistics is the "underlying cause of death," which is generally defined as the disease or injury which initiated the sequence of morbid events leading directly to death.

Occasionally death certificates are registered with the cause of death information incomplete, inconsistent, or equivocal, and additional information from the center is not available. In such cases, selection and modification rules are used to select the underlying cause of death for statistical purposes. Selection and modification rules which adapt the coding procedures to reporting practices in the United States are published by the Public Health Service, National Center for Health Statistics, in annual editions of the Vital Statistics Instructional Manual.

The Eighth Revision of the International Classification of Diseases was used to code the underlying cause of death on Utah's death certificates for data years 1968 through 1978. The Ninth Revision of the International Classification of Diseases was used to code the underlying cause of death in Utah for data years 1979-1998, and the current Tenth Revision was used to code the 1999-2003 data in this report.

Comparability ratios between revisions are computed by the National Center for Health Statistics and are published in Utah's Vital Statistics: Births and Deaths, 1980 for the earlier revision and can be found on our web site as described in the preface of this publication for the new and current version. Comparability ratios for some cause of death codes show extreme variations and utmost caution should be taken in interpreting any cause of death trends that span the Eighth and Ninth Revisions² or the Ninth and Tenth Revisions³ of the International Classification of Diseases.

Geographic Bases

Birth and death data can be presented by place of occurrence of the event or by place of usual residence of the individual. For deaths, "place of residence" for the decedent is defined as the usual residence of the decedent. For births, "place of residence" for the child is defined as the usual residence of the mother.

Reallocation of birth and death certificates to the state of residence has been virtually complete on a nationwide basis since 1955. This is made possible by a cooperative program among the states for exchange of copies of certificates of non-resident events for statistical purposes only.

For analytical purposes, sometimes it is meaningful to tabulate accidental deaths by place of occurrence rather than by place of residence. Statistical tabulations of accidental deaths "by place of occurrence" refer to the place where the death occurred, and not the place where the accident occurred. A hypothetical example may help to clarify the above explanation. Assume that a resident of Denver, Colorado is involved in a motor vehicle accident in Wendover, Nevada and requires emergency aid of a special nature. The closest available facility is the Tooele Valley Hospital in Tooele, Utah. After arriving at the hospital, the patient succumbs to conditions arising from the accident. In such cases, the "place of occurrence" of the death for statistical purposes would be Tooele, Utah, not Wendover, Nevada; however, there can also be a table of accidental deaths by place where the accident occurred. In this example, the death would be classified as an accidental death to a non-resident which occurred in Utah. The place where the accident occurred would be out-of-state (Wendover, Nevada).

Race/Ethnic Origin

The Utah Department of Health began tabulating birth data by race of mother in the 1990 data year. Prior to 1990, birth data was tabulated by race of infant.

This change corresponds to the 1989 revision of the Utah birth certificate. Caution should be used when comparing the racial classification of birth data prior to 1990 with data collected in 1990 and later. An explanation of the factors that brought about the racial classification change of birth data and the problems of analyzing the trend data is available in Utah's Vital Statistics Annual Report: 1990.

¹ Utah State Legislature; Utah Code and Constitution/Title 26 -- Utah Health Code Sections 26-2-1 through 26-2-28 (Utah Code Annotated, 1953); Laws/Constitution web site www.leg.state.ut.us.

² National Center for Health Statistics, "Estimates of selected comparability ratios based on dual coding of 1976 death certificates by the Eighth and Ninth Revisions of the International Classification of Diseases"; Monthly Vital Statistics Report, Vol. 28, No. 11(S); February 29, 1980.

³ National Center for Health Statistics, (a) "Comparability of cause of death between ICD-9 and ICD-10: Preliminary estimates"; National Vital Statistics Report; Vol. 49, No. 2; 2001 and (b) "Deaths: Final data for 1999"; National Vital Statistics Reports: Vol. 49, No. 8; 2001.